Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

1072605 Y

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			23				1	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			2 3 minus 20=		* 3			X\$ 9=		OR	X\$18=	54
INDEPENDENT CLAIMS			√ minus 3 =		* (X43=		OR	X86=	86
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	0 -
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2	ı	TOTAL		OR	TOTAL	911
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
		(Colum			(Column 3)	1 8	SMALL		OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	İ	NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF MI	Minus	***		=		X43=		OR	X86=	
<u> </u>	FIRST PRESE	INTATION OF MU	JETIPLE DEF	PENDENT	CLAIM		ا ا	+145=		OR	+290=	
							L	TOTAL ADDIT. FEE		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)									1 /	ADDIT. FEE	<u>. </u>
		CLAIMS		HIGH	EST		l r		ADDI-	l f		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT	,	NUME PREVIC PAID I	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent * Minus		***	CL AINA	=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
	•						L	TOTAL	- · · · · - · · · · · · · · · · · ·	OR	TOTAL ADDIT. FEE	
		A	\DDIT. FEE I		•	ADDII. FEE	······································					
AMENDMENT C	`	(Column 1) CLAIMS		(Colum	EST BER OUSLY	(Column 3) PRESENT EXTRA	lг	1	ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F				RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										i	TOTAL	
***	f the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE is	less tha	n 3, enter "3."		DDIT. FEE L	ropriate he		ADDIT. FEE	
	ine nignestivum	ber Previously Pai	J POF (TOTAL OF	пиерепае	ing is trie	mgnest number	i ioui	и птине арр	ropriate 00)	CIT COIL	arrill I.	